



# Monitoring Waiver Application

## Water Quality

2005 – 2007 Monitoring Waiver Program

DATE \_\_\_\_\_

**New/Existing Sources without Monitoring Waivers**

Community and Non-Transient Non-Community Public Water Systems

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### A. Public Water Supply Information

#### 1. General Information

PWS Name \_\_\_\_\_

PWS Mailing Address \_\_\_\_\_

PWS Physical Address (if different) \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

2. System type (check two): ☐ Community ☐ Non-Transient Non-Community  
☐ Municipal ☐ Non-Municipal

### B. Waiver Information

List all sources and check appropriate contaminant group for which a waiver is being requested:

Source ID # (e.g. 01G)	Volatile Organics (VOC)	Synthetic Organics (SOC)	Inorganics (IOC)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Monitoring Waiver Application Water Quality

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### C. VOC Information

All sources must four consecutive quarterly sample results collected since January 1, 2002.

Sources with any historic detection of a VOC (including MTBE but excluding the four trihalomethanes (THMs: chloroform, chlorodibromomethane, bromodichloromethane, bromoform) are not eligible for VOC waivers.

Source ID #  
(e.g. 01G)

Information from Attached VOC Report(s)

## Sample Location

Date (MM/DD/YY)

### D. SOC Information

All sources must submit 1 SOC sample result collected since January 1, 2002.

Source ID #  
(e.g. 01G)

Information from Attached SOC Report(s)

## Sample Location

Date (MM/DD/YY)



**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Drinking Water Program

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**Important:**

Sodium, Nitrate and Nitrite are not included in the Monitoring Waiver Program. All sources must test for these contaminants. Sodium, Nitrate and Nitrite sampling frequencies will not be reduced.

## E. IOC Information

**Sources without 2002-2004 IOC Waivers:**

**Groundwater Sources:** must submit sample result collected since January 1, 2002.

**Surface Water Sources:** must submit 3 annual IOC sample results collected during 2002-2004.

**Arsenic Data:** In January 2006 the Arsenic MCL will be lowered from 0.05 mg/L to 0.010 mg/L.

Accordingly, as IOC waivers cover the entire 9 year compliance cycle (2002 – 2010), all Arsenic monitoring data submitted in order to obtain this waiver **must** be generated using instrumentation with laboratory detection limits below 0.010 mg/L.

[illegible]

Attach as many copies of the diagram as are necessary to describe all multiple source sampling locations.

## F. Multiple Sources (Manifolding)

1. Does your sampling point represent multiple sources, which are combined before distribution? ☐ Yes ☐ No
- If yes, list the sources that are combined before distribution for each sampling location and include a sampling tree (see Attachment 7):

Sample Location	Source ID #s (e.g. 01G, 02G)
Multiple # 1	
Multiple # 2	
Multiple # 3	

All sources must have been in operation at the time of sampling.



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## F. Multiple Sources (Manifolding) – Continued

2. Are all the sources in each of the above multiple source sampling locations on-line at the same time when the power switch is activated? ☐ Yes ☐ No

If no, explain:

\_\_\_\_\_

## G. Source Configuration and Pumping Characteristics

1. Have there been any changes in your system's configuration and operating procedures since 1990 (e.g. manifolding two or more sources, adding new ☐ Yes ☐ No

If yes, explain:

\_\_\_\_\_

2. Have there ever been any system changes such as pumping rates or stream flows/characteristics since 1993? ☐ Yes ☐ No

If yes, indicate the yearly pumping rates for the past three years for those sources for which a waiver is being requested:

Source ID # (e.g. 01G)	Gal/Year 1	Gal/Year 2	Gal/Year 3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## H. Certification

"I certify, under penalty of perjury, that all information submitted in support of this application for a monitoring waiver is true to the best of my knowledge."

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title



Massachusetts Department of Environmental Protection  
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# Monitoring Waiver Application Wellhead Protection Form

2005-2007 Monitoring Waiver Program

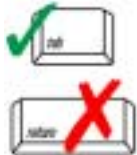
DATE \_\_\_\_\_

**New/Existing Sources without Monitoring Waivers**

Community and Non-Transient Non-Community Public Water Systems

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Public Water Supply Information

1. General Information

PWS Name \_\_\_\_\_

PWS Mailing Address \_\_\_\_\_

PWS Location (if different) \_\_\_\_\_

Contact Person and Phone Number \_\_\_\_\_

Type of Public Water Supply (check two): ☐ Community ☐ Non-Transient Non-Community

☐ Municipal ☐ Non-municipal

## B. Source Information

1. Provide the following information for each groundwater source and the waiver requested.

Waiver Type

Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02G)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>



# Monitoring Waiver Application Wellhead Protection Form

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DATE

**New/Existing Sources without Monitoring Waivers**

Community and Non-Transient Non-Community Public Water Systems

## C. Land Use Inventory

It is important that you fill out a **separate land use inventory for each source** and note the Source ID number and name on each page, unless applicable to all sources.

Please describe below all indicated land uses within the Zone I protection area and Zone II or Interim Wellhead Protection Area (IWPA).

DEP will verify land use and protection information during sanitary surveys. Failure to indicate any land use that may be a threat to drinking water could result in penalties and/or the revocation of a waiver.

Source ID#

Source Name

1. Land Use/Activity within Zone I:

Number of Septic Systems

Number of Parking Lots and/or Highways (specify type):

Number of Underground Storage Tanks (specify fuel type):

Number of Aboveground Storage Tanks (specify fuel type):

Describe any Agricultural, Commercial, or Industrial\* activity (specify type)

2. For a **VOC** Waiver, note any of the following activities within the Zone II or IWPA:

Dry cleaners, electroplaters, computer manufacturing, gas stations, auto repair/body, boat repair, or petroleum storage tank farms.

3. For a **SOC** Waiver, note any of the following activities within the Zone II or IWPA:

Nurseries, landscaping, agricultural activities, or golf courses

4. For an **IOC** Waiver, note any of the following activities within the Zone II or IWPA:

Paint shops, research labs, solid waste incinerators or transportation corridors

5. Are there ANY industrial \* activities (e.g. manufacturing), asphalt plants, military activities, and/or DEP classified hazardous materials release (21 E) sites\*\*?

Yes ☐ No ☐

Describe if uncertain

\* Industrial activities do not include commercial land uses such as restaurants, car washes, medical facilities, or golf courses.

\*\* , see [www.mass.gov/dwp/bwsc/sites/rep.ort.htm](http://www.mass.gov/dwp/bwsc/sites/rep.ort.htm) to check for hazardous materials release sites



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## New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

**Note:** See Attachment 2 for a sample wellhead land use map.

**Note:** See Attachment 1 for a checklist of DEP guidelines for a small system Wellhead Protection Plan.

**Note:** Any letters of notification must have been sent within the last 3 years.

### D. Systems with sources pumping <100,000gpd

- Wellhead Land Use Map. You may use a SWAP map, street map, or town tax assessor's map as a base map. Please identify and clearly label for each well:
  - Wellhead with Source ID number, Zone I and IWPA radii around the well.
  - North arrow and distance scale
  - Identify all land uses within the Zone I and IWPA, including septic systems, parking lots, local roads and highways, commercial properties, golf courses, and others that might store or generate hazardous materials.
- Do you have a wellhead protection plan that meets DEP Guidelines? Yes ☐ No ☐
- Does this plan include public education that informs residents, employees, the public, landowners, etc., that they are within the Zone I of a public water supply? Notification may include letters and/or posters. See Attachments 3 and 4 for sample notification materials. Please attach copies of these letters and/or posters. Yes ☐ No ☐

Date of Notification \_\_\_\_\_

Notification Description \_\_\_\_\_

**Note:** If you do not have a wellhead protection compliance letter from DEP, **please attach your local controls for review.**

Application must be postmarked no later than:  
**August 31, 2004.**

Submit all materials to:  
Department of Environmental Protection,  
Drinking Water Program, ATTN:  
Monitoring Waivers, One  
Winter Street, 6th  
Floor, Boston, MA  
02108

### E. Systems with sources pumping >100,000gpd

Does your town have controls that meet 310 CMR 22.21(2) and which cover the Zone II?

Yes ☐ No ☐

### F. Certification

"I certify, under penalty of perjury, that all information submitted in support of this application for a monitoring waiver is true to the best of my knowledge."

Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Position / Title \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Drinking Water Program

# Monitoring Waiver Application Surface Water Protection Form

PWSID \_\_\_\_\_

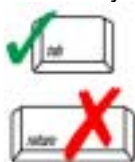
2005-2007 Monitoring Waiver Program

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## New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### A. Public Water Supply Information

#### 1. General Information

PWS Name \_\_\_\_\_

PWS Mailing Address \_\_\_\_\_

PWS Location (if different) \_\_\_\_\_

Contact Person and Phone Number \_\_\_\_\_

Type of PWS (check two) ☐ Community ☐ Non-Transient Non-Community  
☐ Municipal ☐ Non-municipal

### B. Source Information

#### 1. Provide the following information for each surface water source and the VOC and/or SOC waiver requested.

##### Waiver Type

Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>

2. Is any other surface water diverted to this source (i.e. seasonal diversion)? Yes ☐ No ☐

If yes, list those surface waters:

\_\_\_\_\_





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Bureau of Resource Protection – Drinking Water Program

# Monitoring Waiver Application Surface Water Protection Form

2005-2007 Monitoring Waiver Program

**New/Existing Sources without Monitoring Waivers**

Community and Non-Transient Non-Community Public Water Systems

\_\_\_\_\_  
PWSID

\_\_\_\_\_  
DATE

Fill out a  
**separate  
Land Use  
Inventory for  
each source**  
and note the  
Source ID  
number and  
name on  
each page,  
unless  
applicable to  
all.

## C. Land Use Inventory

Please describe below all indicated land uses within the Zone A protection area (both reservoir and tributaries) as well as Zones B and C of your source.

DEP will verify land use and protection information during sanitary surveys. Failure to note a land use that may be a threat to drinking water could result in penalties and/or the revocation of a waiver.

\_\_\_\_\_  
Source ID# (e.g. 02S)

\_\_\_\_\_  
Source Name

### 1. Land Uses and activities within Zone A:

Number of septic systems: \_\_\_\_\_

Number of Underground Storage Tanks (specify fuel type): \_\_\_\_\_

Number of Aboveground Storage Tanks (specify fuel type): \_\_\_\_\_

Describe any agricultural, commercial, or industrial\* activities \_\_\_\_\_

### 2. For a **VOC** Waiver, note any of the following activities within the Zones A, B, or C:

Dry cleaners, electroplaters, computer manufacturing, gas  
stations, auto repair/body, boat repair, or petroleum storage \_\_\_\_\_

### 3. For a **SOC** Waiver, note any of the following activities within the Zones A, B, or C:

Nurseries, landscaping, agricultural activities, or golf courses \_\_\_\_\_

### 4. For an **IOC** Waiver note any of the following activities within the Zones A, B, or C:

Paint shops, research labs, solid waste incinerators, or  
transportation corridors \_\_\_\_\_

### 5. For **all** waivers, are there any other facilities that might use or store hazardous materials? Are there any other industrial\* or military activities, or DEP classified hazardous materials release (21 E) sites\*\*?

Yes ☐ No ☐

\_\_\_\_\_  
Describe if uncertain

\* Industrial  
activities do not  
include  
commercial land  
uses such as  
restaurants, car  
washes,  
medical  
facilities, or golf  
courses.

\*\*To check for  
hazardous  
materials release  
sites, see  
[www.mass.gov/de  
p/bwsc/sites/report  
.htm](http://www.mass.gov/de/p/bwsc/sites/report.htm)



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\_\_\_\_\_  
PWSID

\_\_\_\_\_  
DATE

## D. Surface Water Protection Measures

1. Describe watershed protection bylaws/ordinances/health regulations.

\_\_\_\_\_  
\_\_\_\_\_

**Note:** PWS serving >25,000 people must have an approved plan to receive a waiver.

2. Does the system have a DEP-approved Surface Water Supply Protection Plan? Yes ☐ No ☐

\_\_\_\_\_

3. How do you log your inspections of supplier-owned watershed properties?

\_\_\_\_\_  
\_\_\_\_\_

4. How often do you inspect watershed lands for illegal dumping?

\_\_\_\_\_  
\_\_\_\_\_

5. Describe one example of how you will educate residents or businesses about drinking water protection, or how you have done so during the past year.

\_\_\_\_\_  
\_\_\_\_\_

Application must be postmarked no later than: **August 31, 2004.**

6. Describe any other protection measures taken (e.g. removal of hazardous materials from Zone A, a memorandum of understanding with farmers not to use pesticides within Zone A, etc.), including other bylaws/ordinances/health regulations (e.g. hazardous materials control regulations).

\_\_\_\_\_

Submit all materials to:  
Department of Environmental Protection,  
Drinking Water Program,  
ATTN: Monitoring Waivers, One Winter Street,  
6th Floor, Boston, MA 02108

## E. Certification

"I certify, under penalty of perjury, that all information submitted in support of this application for a monitoring waiver is true to the best of my knowledge."

\_\_\_\_\_  
Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position / Title